



State of New Jersey

CHRIS CHRISTIE
Governor

DEPARTMENT OF THE TREASURY
DIVISION OF MINORITY AND WOMAN BUSINESS DEVELOPMENT
33 WEST STATE STREET, 1ST FLOOR
P.O. BOX 026
TRENTON, NEW JERSEY 08625-0026
PHONE: 609-292-2146 FAX: 609-292-8764

KIM GUADAGNO
Lt. Governor

ANDREW P. SIDAMON-ERISTOFF
State Treasurer

Annual Verification Form (FOR MBE/WBE ONLY)

(Must be submitted at the end of years 1 & 2 of a 3-year certification period)

Our records indicate that you were issued a Minority and/or Women Business Enterprise (M/WBE) certificate with our Division. To maintain your certificate in an active status, every year you must submit a completed annual verification form to indicate any changes in your company's ownership status and to provide your company's address updated **contact information**¹.

Note:

The Division reserves the right to request two years of business and personal federal and state tax returns of all officers, owners/ or principals including all schedules, and most recent income statements and balance sheets.

- ☐ Please check here if business ownership has not changed since your certification date.
If any information is incorrect, please provide corrections and attach the documentation.

Certification Number: _____		
Company Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
County: _____	E-Mail ¹ : _____	
Telephone: _____	Fax: _____	
Owner Name: _____		

I, _____, do herewith attest that the ownership and
(Owner, Partner or President only)

control of _____, under
(Business Name)

Federal Identification Number _____ on which the original
certification was granted, has not changed during the last twelve (12) months.

Owner Signature _____ Date _____

Notary _____ Date _____

Return to: 33 West State Street, 1st Floor, P.O. Box 026 Trenton, NJ 08625-0026

¹ Updated contact information including e-mail address is essential to ensuring receipt of annual verification and end-of-certification period notices from the Division's (NJSAVI) system.